

Application Data Sheet

Application Information

Application Type:: Regular
 Subject Matter:: Utility
 Suggested Classification::
 Suggested Group Art Unit::
 CD-ROM or CD-R?:: None
 Number of CD Disks::
 Number of Copies of CDs::
 Sequence Submission?::
 Computer Readable Form (CRF)?::
 Number of copies of CRF::
 Title::

ARRANGEMENT FOR HANDLING
 BANKNOTES AND/OR OTHER
 DOCUMENTS
 HANSSON4

Attorney Docket Number::
 Request for Early Publication?:: No
 Request for Non-Publication?:: No
 Suggested Drawing Figure::
 Total Drawing Sheets:: 6
 Small Entity?:: No
 Latin Name::
 Variety Denomination Name::
 Petition Included:: No
 Petition Type::
 Licensed US Govt. Agency::
 Contract or Grant Numbers::
 Secrecy Order in Parent Appl.?:: No

Applicant Information

Applicant Authority Type:: Inventor
 Primary Citizenship Country:: Sweden
 Status:: Full Capacity

Given Name::	Gustaf
Middle Name::	Lars-Åke
Family Name::	HANSSON
Name Suffix::	
City of Residence::	Mellösa
State or Province of Residence::	
Country of Residence::	Sweden
Street of Mailing Address::	Vik Löta
City of Mailing Address::	Mellösa
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	S-640 31
Applicant Authority Type::	Inventor
Primary Citizenship Country::	Sweden
Status::	Full Capacity
Given Name::	Kurt
Middle Name::	Erik
Family Name::	SKÅNBERG
Name Suffix::	
City of Residence::	Katrineholm
State or Province of Residence::	
Country of Residence::	Sweden
Street of Mailing Address::	Bäverstigen 12
City of Mailing Address::	Katrineholm
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	S-641 53
Correspondence Information	
Correspondence Customer Number::	001444
Representative Information	
Representative Customer Number::	001444
Domestic Priority Information	
Application::	Continuity Type::

Parent

Parent Filing
Initial 3/2/2005

This Application National Stage of

Application:: Date::
PCT/SE03/001359 09-02-03

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Sweden	02 02586-4	09-02-02	Yes

Assignment Information

Assignee Name::	ROSENGRENS SAFE PAY AB
Street of Mailing Address::	P.O. Box 121 43
City of Mailing Address::	Göteborg
State or Province of Mailing Address::	
Country of Mailing Address::	Sweden
Postal or Zip Code of Mailing Address::	S-402 42